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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Α	For th	e 2012 calendar year, or tax year beginning JUL 1, 2012 and ending	<u>ı JUN 30, 2013</u>	<u> </u>					
В	Check if	C Name of organization	D Employer identif	ication number					
Γ	Addr	WEST RIVER HABITAT FOR HUMANITY INC.							
Ē	Name chan		03-0	370697					
	Initial return								
	Term		802-	368-2977					
	Amer	City, town, or post office, state, and ZIP code	G Gross receipts \$	31,508.					
	Appli	L JACKSONVILLE, VT 05342	H(a) Is this a group r						
	pend	F Name and address of principal officer JEFF TEITEL	for affiliates?	Yes X No					
		PO BOX 95, EAST DOVER, VT 05341	H(b) Are all affiliates inc	cluded? Yes No					
1	Tax-ex	empt status X 501(c)(3) 501(c)()◀ (insert no.) 4947(a)(1) or	527 If "No," attach a	list (see instructions)					
		te: ▶ N/A	H(c) Group exemption						
			ear of formation: 2001	M State of legal domicile: VT					
P	art I	Summary							
ø	1	Briefly describe the organization's mission or most significant activities TO ENCOU							
Activities & Governance		IN THE BUILDING AND REDEVELOPMENT OF LOW-INC	OME HOUSING I	N THE WEST					
er	2	Check this box	nore than 25% of its net as	1 -					
Š.	3	Number of voting members of the governing body (Part VI, line 1a)	3	4					
~&	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4					
ies 🏑	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0					
<u>`₹</u>	6	Total number of volunteers (estimate if necessary)	6	0					
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.					
_; _;	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.					
ר	1		Prior Year	Current Year					
ne	8	Contributions and grants (Part VIII, line 1h)	16,187.	15,410.					
Revenue	9	Program service revenue (Part VIII, line 2g)	0.	0.					
j é	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,618.	9,521.					
,	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	917.	2,579.					
, —	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,722.	27,510.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.					
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.					
쫎	b	Total fundraising expenses (Part IX, column (D), line 25)	4 652	A E01					
_	1 17	Other expenses (Part IX, column (A), lines 1 a 170, 1124e)	4,653.	4,591.					
		Total expenses Add lines 13-17 (must equal Part XX column (A) (he 25)	4,653. 23,069.	4,591. 22,919.					
_ 0	19	Revenue less expenses Subtract line 18 from line 12							
ts o		Total assets (Part X, line 16)	Beginning of Current Year 266,911.	End of Year 289, 920.					
SSE	20	1 1 1(7)1	2,830.	2,920.					
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	264,081.	287,000.					
	art II	Signature Block	204,001.	207,000.					
		ilties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	v knowledge and helief, it is					
		et, and complete. Declaration of preparer (other than officer) is based on all information of which prep		, miomorgo ana banai, k ib					
	11/12/13								
Sia	n	Signature of office	Date						
Here JEFF TEITEL, PRESIDENT Theresa Dumaine, Treasurer									
1101	•	Type or print name and title	111111111111111111111111111111111111111						
		Print/Type preparer's name Preparer's signature		X PTIN					
Paid	t	JOHN MCCLUSKEY	11-6-13 If self-employe	P01317124					
Preparer Firm's name MCCLUSKEY AND COW, P.C. Firm's EIN 03-03353									
-	Only	Firm's address PO BOX 188							
		WEST DOVER, VT 05356	Phone no. 8	02 464 0551					
May	the II	RS discuss this return with the preparer shown above? (see instructions)		X Yes No					

	Form 990 (2012) WEST RIVER HABITAT FOR HUMANITY INC	C. 03-0370697 Page 2
Pa	Part III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
1	•	A AND DEDENIES OF OR
	TO ENCOURAGE, PROMOTE AND ASSIST IN THE BUILDING	
	LOW-INCOME HOUSING IN THE WEST RIVER VALLEY, VER	RMONT.
	O Did the executation undertake any or for the second state and the second state are second state are second state are second state and the second state are	Interd on
2		Yes X No
	the prior Form 990 or 990-EZ?	Tes La_No
•	If "Yes," describe these new services on Schedule O	gram services? Yes X No
3		gram services / Lifes Laino
	If "Yes," describe these changes on Schedule O.	and a surviva a surviva of the surviva of
4	4 Describe the organization's program service accomplishments for each of its three largest program Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alli	
		ocations to others, the total expenses, and
4a	revenue, if any, for each program service reported 4a (Code) (Expenses \$4,391. including grants of \$) (0
44	+a (Code) (Expenses \$) (Revenue \$)
46	45 / 2) /-
4b	4b (Code) (Expenses \$ including grants of \$) (Revenue \$
		
		
4c	40 /0) (0
40	4c (Code) (Expenses \$ including grants of \$	/ (Revenue \$ /
	4.1. Other regression (Page the Color of the	
4d		
	(Expenses \$ including grants of \$) (Revenue : 4 , 391 .	\$
<u>4e</u>	4e Total program service expenses ► 4,391.	Form 990 (2012)

4 Section 501(e)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization assection 501(e)(4), 501(e)(5), or 501(e)(6), or 501(e)(6), or 501(e)(6), or 501(e)(6), or 501(e)(6), or 501(e)(6), or 501(e)(6). Organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III is Did the organization and any door advesed funds or any similar funds or accounts or which donors have the night to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II is Did the organization receive or fiold a conservation easement, including easements to preserve open space, the environment, instone land areas, or historic structures? If "Yes," complete Schedule D, Part II is Did the organization maintain collections of works of art, historical treasures, or other similar assests? If "Yes," complete Schedule D, Part II is Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV is the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments, or quasi-endowme	No
2 Is the organization required to complete Schedule B, Schedule of Contributors? 3 Did the organization required to complete Schedule C, Part I 4 Section 501(6)(8) organizations. Did the organization engage in lobbying activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(6)(4), 501(6)(5) or 501(6)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to form the distribution of the environment, instend leaf accounts as distribution or investment of amounts as calculated accounts as distribution or investment or amounts, or organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed organization, bed assets in temporanly restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VIII 10 Did the organization's answer to any of the following questions is "Yes," then 10? If "Yes," complete Schedule D, Part VIII 11 Did the organization part and amount for investments - program related in Part X, line 12? If "Yes," complete Schedule D, Part XIII 11 Did the organization assets reported	
3 Dd the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) electron in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Dd the organization are considered and account on the distribution or investment of amounts in such funds or accounts or which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Dd the organization receive or hold a conservation easement, including easements to preserve pen space. In the environment, histonic land areas, or historic structures? If "Yes," complete Schedule D, Part III Dd the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Dd the organization report an amount for lond, buildings, and equipment, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VI Dd the organization report an amount for investments other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII Dd the organization report an amount for investments other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII Dd the organization report an amount for investments of the securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Dd the organization or part amount for investments or the securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	
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4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization asset on 501(c)(6), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part II 5 Did the organization and available of the distribution or investment of amounts in such funds or accounts for which donors have the englit to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V II If the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V II If the organization report an amount for investments - order related in Part X, line 10? If "Yes," complete Schedule D, Part V II Did the organization report an amount for investments - order related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V II Did the organization sleahing the production of the assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X II Did	
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7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III B Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV D Did the organization, directly or through a related organization, hold assets in temporally restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V II If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII D Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII D Did the organization report an amount for other iasibilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII D Did the organization report an amount for other lasibilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII D Did the organization report an amount for other lasibilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X D D D D D D D D D D D D D D D D D D	
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column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	X
	.
THE DID THE ORGANIZATION REPORT MORE THAN \$15,000 TOTAL OF TUNDRAISING EVENT GROSS INCOME AND CONTRIBUTIONS ON PART VIII. lines	<u> </u>
	v
	<u> </u>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	
	X
	1-
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Form 990 (20	(2012)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		¦]	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		_ <u>X</u> _
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			v
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		l	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	250		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20	-	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	}		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u> _
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- }		
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- 1	İ	
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	1	v
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		$\frac{X}{X}$
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	- 1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		
55	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	х	
		Form	990 (2	20121

Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
		٠	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	9		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the appropriate comply with health and the forms with the second state of the seco	0	1	}
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		ł	
L	filed for the calendar year ending with or within the year covered by this return 2a	0		Ĭ
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_2b_		
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	0-	ł	
	3 ,	3a	<u> </u>	X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b_	 	ļ
44	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-	ł	X
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	4a		
b	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	 	X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
OU.	any contributions that were not tax deductible as charitable contributions?	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u> </u>	 	
-	were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	or? 7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f_		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting		ļ	
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	_8_	<u> </u>	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b_	<u> </u>	
10	Section 501(c)(7) organizations. Enter:	i		
a	Initiation fees and capital contributions included on Part VIII, line 12	\dashv		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	\dashv		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders Cross income from ethan courses (Pa not not amounts due or paid to other courses against	\dashv] .	
þ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12.0		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O	1.53		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			000	(0040)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
		•	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a		12a	ļ	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	In Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		<u>X</u> _
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		-	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	ĺ		
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	finan	cıal	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion 🕨		
	TERRIE DUMAINE - 802-368-2977			
	PO BOX 40, EAST DOVER, VT 05341			
232000			222	

•		N.	
Form	990	(2012)	

WEST RIVER HABITAT FOR HUMANITY INC.

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Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization n	or any related	orga	nıza	ation	CO	mpe	nsat	ed any current officer,	director, or trustee			
(A)	(B)		(C) Position (do not check more than one		(D)	(E)	(F)					
Name and Title	Average				(do not check more than one			than		Reportable	Reportable	Estimated
	hours per week	box, unless person is both an officer and a director/trustee)					han itee)	compensation from	compensation from related	amount of other		
	(list any	ē						the	organizations	compensation		
	hours for	ag a				ted		organization	(W-2/1099-MISC)	from the		
	related	stee	ruste		93	esuad		(W-2/1099-MISC)		organization		
	organizations below	nal fr	lonal		ploye	t co m				and related organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	orme			Organizations		
(1) JEFF TEITEL	2.00	=		٦	-	- 5						
PRESIDENT		1						0.	0.	0.		
(2) BOB CALABRESE	2.00											
VICE PRESIDENT								0.	0.	0.		
(3) GRETCHEN FAGGE	2.00											
SECRETARY								0.	0.	0.		
(4) TERRIE DUMAINE	2.00											
TREASURER		_	_			<u> </u>		0.	0.	0.		
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										Form 990 (2012)		

Form 990 (2012)

Part	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average Position (do not check more than one				Reportable	Reportable			imate				
	nours per box, unless p			ss person is both an id a director/trustee)				compensation	compensatio			ount o)†	
	Work Wo							pensai	ion					
		hours for	Individual trustee or director				-			(W-2/1099-MIS			om the	
		related	ee 01	stee			nsate		(W·2/1099·MISC)	(11 = 11 1 2 2 1 1 1 1 1	- '	orga	ınızatı	on
		organizations	trust	Institutional trustee		8	едшо		1			and	relate	ed
		below	len pu	tutton	55	Key employee	estci	늘				orga	nızatıc	ns
		line)	ligi	tastr	Officer	Ş.	Highest compensated employee	ğ						
							!							
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			1		-									
			1											
1b 5	Sub-total	<u> </u>			-		▶		0.		0.			0.
	Fotal from continuation sheets to Part V	II. Section A					•		0.		0.			0.
	Total (add lines 1b and 1c)	, 0001.0					•		0.		0.			0.
	Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) w	ho r		.000 of reportab	le			
	compensation from the organization						•			•				0
													Yes	No
3 [Did the organization list any former officer	director, or tr	uste	e. ke	ev er	olam	vee	. or	highest compensated e	mployee on				
	ine 1a? If "Yes," complete Schedule J for				, -		, -		,			3	1	Х
	For any individual listed on line 1a, is the s			amo	ensa	atior	n and	d ot	her compensation from	the organization				
	and related organizations greater than \$15									3		4	ĺ	Х
	Did any person listed on line 1a receive or									dual for services				
	rendered to the organization? If "Yes," con								3			5		X
	on B. Independent Contractors													
_	Complete this table for your five highest co	ompensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	npens	ation fr	om	
	the organization Report compensation for													
	(A)								(B)			(C)	
	Name and business	s address	N	ONI	E				Description of s	ervices	С	omper		1
								İ						
-														
								_						
-														
								\neg						
	Total number of independent contractors	(including but r	not li	mite	d to	the	se li	ster	d above) who received n	nore than	-			_
	\$100,000 of compensation from the organ					2	0							
	#100,000 of compensation from the organ											Form 9	990 (2	2012)

Part VIII	Statement of	of	R	eve	n

		Check if Schedule O con-	tains a response t	any question ir	n this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ıts	1 a	Federated campaigns	1a					
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues	1b					
	С	Fundraising events	1c					
a Site	d	Related organizations	1d					
ςΈ	е	Government grants (contribut	tions) 1e					
ř	f	All other contributions, gifts, gran	nts, and					
ig e		similar amounts not included abo	ove 1f	15,410.				
40	g	Noncash contributions included in lines	s 1a-1f \$					
<u>3 g</u>	<u>h</u>	Total, Add lines 1a-1f		>	15,410.			
j			<u> </u>	Business Code				
ဗ	2 a							
Program Service Revenue	b							
n S	С							
Pev	d							<u> </u>
e l	е							
۾ ا		All other program service reve	enue					
		Total, Add lines 2a-2f						
	3	Investment income (including	dividends, interes	st, and	0 501	0 501		
		other similar amounts)		. 🏲 📙	9,521.	9,521.		
	4	Income from investment of ta	x-exempt bond pr	oceeds		<u> </u>		 -
}	5	Royalties	() Deal	() Para and				
	٠.	Cross rests	(i) Real	(II) Personal				
	6 a							
	b							1
Ì	C	Rental income or (loss) Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(II) Other	<u> </u>			
	/ a	assets other than inventory	(I) Securities	(ii) Other				
	h	Less: cost or other basis						ļ.
	D	and sales expenses	}	1		:		
	c	Gain or (loss)						
	d		<u> </u>	•				
	-	Gross income from fundraisir	na events (not					
nue		including \$	• •					
Other Reve		contributions reported on line		j				
Œ.		Part IV, line 18	a	6,577.				
the	b	Less direct expenses	ь[3,998.				
0	С	Net income or (loss) from fun-	draising events	•	2,579.			2,579.
		Gross income from gaming a						
		Part IV, line 19	a					
		Less direct expenses	b [1
	C	Net income or (loss) from gar	ning activities					
ļ	10 a	Gross sales of inventory, less	returns					
l		and allowances	a					
		Less cost of goods sold	ьL					-
	<u> </u>	Net income or (loss) from sale						-
		Miscellaneous Revenu	ie l	Business Code				
	11 a		1		<u></u>	<u></u>		
	b		 }			<u> </u>		
	c	All sales a service and						
	d	All other revenue	L					
	e 12	Total. Add lines 11a-11d Total revenue. See instructions			27,510.	9,521.	0	2,579.
23200	9	I VIAI TEVERIUE. SEE HISH UCHORS			<u> </u>	J, J41 •		Form 990 (2012)

, - o r m	990 (2012) WEST RIVER I	HABITAT FOR H	HIMANITY INC	03-01	370697Page 10
Par	t IX Statement of Functional Expense	es	IOMANTIT INC	. 05 0.	770057 Fage 10
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns All othe	er organizations must co	mplete column (A)	
	Check if Schedule O contains a respons		s Part IX		
Do r	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	1,061.	961.	100.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	1,811.	1,811.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				·
23	Insurance	1,335.	1,235.	100.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				

Form **990** (2012)

200.

a MATERIALS

All other expenses _

Total functional expenses. Add lines 1 through 24e $\mbox{\sc Joint costs}.$ Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

MISC

297.

4,591.

87.

297.

4,391.

87.

Balance Sheet Part X Check if Schedule O contains a response to any question in this Part X (B) Beginning of year End of year 93,573.65.721. 1 Cash · non-interest-bearing 1 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 47. 63. Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 201,143. 196,284. 7 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 266,911 289,920 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 2,830. 17 17 18 Grants payable 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 2,830 2,920. 26 Total liabilities, Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here

All and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 264,081. 287,000. 27 Unrestricted net assets 27 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 264,081. 33 <u> 287,000.</u> 33 Total net assets or fund balances 266,911. 289,920. 34 Total liabilities and net assets/fund balances

Form **990** (2012)

Form	990 (20	012)	WEST	RIVEF	R HAE	TAT	FOR	HUM	ANITY	INC.		03-03	70697	Pad	_{ae} 12
Pa	rt XI i	Reconciliatio													
		Check if Schedule	O contains	a respons	se to any	y question	n in this	Part XI				_			
1	Total re	evenue (must equ	ual Part VIII,	column (A), line 12	<u>?</u>)						1		7,5	
2	Total e	xpenses (must e	qual Part IX	, column (A	A), line 2	5)						2		<u>4,5</u>	
3	Reven	ue less expenses	Subtract In	ne 2 from l	line 1							3	2	<u>2,9</u>	<u> 19.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))									26	4,0	81.			
5	Net unrealized gains (losses) on investments									5					
6	Donate	ed services and u	se of faciliti	es								6			
7	Investr	ment expenses										7			
8	Prior p	eriod adjustment	s									8			
9	Other	changes in net as	sets or fund	d balances	(explain	ın Sched	lule O)					9			0.
10	Net as:	sets or fund bala	nces at end	of year Co	ombine l	ines 3 thr	ough 9	(must ec	jual Part X	(, line 33,					
	column											10	28	7,0	00.
Pa	rt XII [Financial Sta	tements	and Rep	orting	ł									
		Check if Schedule	O contains	a respons	se to any	/ question	ın this l	Part XII				<u></u>			Щ
1		nting method use] Accrua		Other _				Yes	No
		rganization chan	-		_	-	-					0			
2a		he organization's			-								2a		<u>X</u>
		," check a box be			er the fir	iancial sta	atement	s for the	year were	compiled	or reviewe	d on a			
		te basis, consolic								_				1	
		Separate basis		nsolidated					,	parate bas	IS			İ	
b		he organization's				-							2b		<u>X</u>
		," check a box be		ate whethe	er the fir	iancial sta	atements	s for the	year were	audited o	on a separa	te basis,	1 1	ľ	
		idated basis, or b Separate basis	$\overline{}$	nsolidated	basis	Г	Both con	nsolidate	d and sec	arate bas	ıs				
c		" to line 2a or 2b,	does the o	rganization	have a				•			ne audit.			
		or compilation o		=						-	3	,	2c		
		rganization chan									plain in Sch	edule O			
За		sult of a federal a	•	•	•		•		•	•			1		
		d OMB Circular A		J			3					-	За		X
b		" did the organiz		go the requ	Jired aud	dit or audi	ts? If the	e organi	zation did	not under	go the requ	ired audit			
		ts, explain why in		_							·		3b		
													Form	9 90 (2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2012

Open to Public Inspection

Name of the organization

Employer identification number

			VER HABITAT						0	<u> </u>	697	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st comple	te this par	t) See ins	tructions				
The organ	ization is not a	a private foundation	because it is (For lines	1 through	11, check	only one b	oox)					
1 🗀	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170)(b)(1)(A)(i).				
2 🗀	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
з 🗀	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4			operated in conjunction					(b)(1)(A)(ı	ii). Enter	the hospital	's nan	ne,
	city, and stat	=	, ,		•				•	·		
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
	section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
6												
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										ın	
. —		b)(1)(A)(vi). (Comple		01 110 00 0	, o. r. m. o. m. u	govornin	ornar armi c	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	gonora	paoo acco		
g [,		ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9 X	-		eives: (1) more than 33 1			rom contr	ihi itione n	nembershi	n fees a	and aross re	ceinte	from
9 (22)	-	=	nctions - subject to certa									
		•	axable income (less sect							=		
				.1011 5 1 1 1 1	ix) 110111 0u	31103303	acquired b	y the orga	IIIZALIOIT	arter burie c	0, 13	, ,
10		509(a)(2). (Complete	perated exclusively to te	et for publ	io cafoty S	Saa aaatid	n 500(a)(11				
	_		perated exclusively to te		=			•	y out the	nurnosos c	of one	٥r
11	-	-	ations described in section									Oi
			organization and comple				2) See Sec)606 (1011	a)(3). On	IECK INE DOX	mai	
		· · · · · · · · · · · · · · · · · · ·			nctionally i			TVD	o III - No	n-functional	h, into	arated
_ []			/pe ll	•	-	•					•	-
e 📖												111
			han one or more publicly						5(a)(1) 01	Section Sos	(a)(2)	
f	J		ten determination from t	ne IRS tha	atitisa iy	pe i, Type	ii, or Type) 111				
		rganization, check th					-446 - 4411		0			Ш.
g	_		organization accepted ar							_	1	Τ
		•	rectly controls, either al	one or tog	etner with	persons o	rescribed	in (ii) and (III) below		Yes	No
	_	- •	upported organization?							11g(i)		
		•	n described in (i) above?		- 0					11g(iı)		
		•	person described in (i) o							11g(iii)		!
h	Provide the f	ollowing information	about the supported org	ganization	(S)							
				L				1 (1:1)	the	T		
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization	, , ,	u notify the	organizati	on in col.	(vii) Amount		netary
orga	inization		(described on lines 1-9 above or IRC section	in col (i) listed in your governing document?				(i) organized in the U.S.?		sup	port	
			(see instructions))					Yes	No	1		
				Yes	No	Yes	No	168	NO			
				1								
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			<u> </u>	ļ	 		 		 	ļ		
Total			l					1		L		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

232021

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")				}		
2	Tax revenues levied for the organ-	-					
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities			 		 	
	furnished by a governmental unit to						
	the organization without charge]		
4	Total. Add lines 1 through 3	·	 		· · · · · · · · · · · · · · · · · · ·		
	The portion of total contributions			 			
3	by each person (other than a				ļ		
	governmental unit or publicly						
	supported organization) included		}				
	on line 1 that exceeds 2% of the		j]		
	amount shown on line 11,						
	column (f)						
_	``'					 	
	Public support. Subtract line 5 from line 4		l	J		<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(4) 2011	(a) 2012	(f) Total
	Amounts from line 4	(a) 2006	(6) 2009	(6) 2010	(d) 2011	(e) 2012	(f) Total
•			-	 			
8	Gross income from interest,						
	dividends, payments received on]				
	securities loans, rents, royalties						
_	and income from similar sources		<u> </u>	 			
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			ļ			
10	Other income Do not include gain			į			
	or loss from the sale of capital						
	assets (Explain in Part IV)						
	Total support. Add lines 7 through 10		<u> </u>	L.———		ļ	· · · · · · · · · · · · · · · · · · ·
	Gross receipts from related activities,	·-	•			12	
13	First five years. If the Form 990 is for	•	s first, second, thii	rd, fourth, or fifth ta	ax year as a section	on 501(c)(3)	. —
	organization, check this box and stop	here					
	ction C. Computation of Publi					1	
	Public support percentage for 2012 (lii	* *	· ·	column (f))		14	%
	Public support percentage from 2011					15	%
16a	33 1/3% support test - 2012. If the or				14 is 33 1/3% or i	nore, check this bo	x and
	stop here. The organization qualifies a						▶
b	33 1/3% support test - 2011. If the or				line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization qualif	ies as a publicly	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fact	s-and-circumstan	ices" test, check t	his box and stop h	i <mark>ere.</mark> Explain in Pa	rt IV how the organ	ization
	meets the "facts-and-circumstances" t	est The organiza	ition qualifies as a	publicly supported	dorganization		▶∟_
b	10% -facts-and-circumstances test	_					
	more, and if the organization meets th						
	organization meets the "facts-and-circ						▶∐
18	Private foundation. If the organization	did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instructions	s •
					Sch	edule A (Form 990	or 990-F7\ 2012

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support						
Calenda	r year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gıf	ts, grants, contributions, and						
me	embership fees received (Do not						
inc	lude any "unusual grants ")	46,184.	15,485.	38,759.			100,428.
me for any	oss receipts from admissions, erchandise sold or services per- med, or facilities furnished in y activity that is related to the ganization's tax-exempt purpose						
3 Gr	oss receipts from activities that						
	e not an unrelated trade or bus- ess under section 513						
ıza	x revenues levied for the organ- ition's benefit and either paid to expended on its behalf						
fur	e value of services or facilities inished by a governmental unit to e organization without charge						
	· ·	16 191	15,485.	38,759.			100 429
	tal. Add lines 1 through 5	46,184.	TO, #00.	30,133.			100,428.
	nounts included on lines 1, 2, and eceived from disqualified persons				* * * * * * * * * * * * * * * * * * * *		0.
fron	ounts included on lines 2 and 3 received in other than disqualified persons that seed the greater of \$5,000 or 1% of the punt on line 13 for the year						0.
	ld lines 7a and 7b						0.
8 Pu	iblic support (Subtract line 7c from line 6)						100,428.
	on B. Total Support						
Calenda	r year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Am	nounts from line 6	46,184.	15,485.	38,759.			100,428.
dıv sed	oss income from interest, ridends, payments received on curities loans, rents, royalties d income from similar sources	7,068.	7,608.	6,676.			21,352.
b Un	related business taxable income						
	ss section 511 taxes) from businesses quired after June 30, 1975						
c Ad	ld lines 10a and 10b	7,068.	7,608.	6,676.			21,352.
act wh	et income from unrelated business tivities not included in line 10b, nether or not the business is gularly carried on		_				
or	her income Do not include gain loss from the sale of capital sets (Explain in Part IV)						
	tal support. (Add lines 9, 10c, 11, and 12)	53,252.	23,093.	45,435.			121,780.
	st five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	on 501(c)(3) organ	ızatıon,
	eck this box and stop here	<u> </u>					▶□
	on C. Computation of Publ						
	iblic support percentage for 2012 (l			olumn (f))		15	82.47 %
	blic support percentage from 2011					16	84.72 %
	on D. Computation of Inves						
	estment income percentage for 20			e 13, column (f))		17	<u>17.53 %</u>
	restment income percentage from g					18	<u>15.28 %</u>
	1/3% support tests - 2012. If the						
	ore than 33 1/3%, check this box a						. ►LX
	1/3% support tests - 2011. If the						
	e 18 is not more than 33 1/3%, che						
20 Pr	ivate foundation. If the organization	л ию посспескат	DUX ON IME 14, 198	a, or 190, check thi	is nox and see in	อเกนต์เบาเร	

SCHÈDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public

Department of the Treasury Inspection Internal Revenue Service Name of the organization Employer identification number 03-0370697 WEST RIVER HABITAT FOR HUMANITY INC PART LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FORM 990, I, RIVER VALLEY, VERMONT. FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 IS PROVIDED WITH A COPY TO A COMMITTEE OF THE GOVERNING BODY FOR REVIEW AND APPROVAL, THE RETURN IS ALWAYS AVAILABLE FOR PROVIDED TO THE ENTIRE GOVERNING BODY. ALL MEMBERS OF THE GOVERNING BODY TO REVIEW. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST TO THE BOARD.

Form **8868**

(Rev January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

If you a	re filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			ightharpoons				
	re filing for an Additional (Not Automatic) 3-Month Ex			this form)		•				
	mplete Part If unless you have already been granted				rm 8868					
	filing (e-file). You can electronically file Form 8868 if			•		a corporation				
	o file Form 990-T), or an additional (not automatic) 3-mo									
•	file any of the forms listed in Part I or Part II with the ex		•		-					
	Benefit Contracts, which must be sent to the IRS in page	•								
	irs gov/efile and click on e-file for Charities & Nonprofits		(ess mendenens) i en mere detane i	311 1110 0101	3					
Part I	Automatic 3-Month Extension of Time		submit original (no copies ne	eded).						
	tion required to file Form 990-T and requesting an autor									
Part I only		natic offic	of the extension - check this box and	complete		ightharpoonup				
•	orporations (including 1120-C filers), partnerships, REM	fICs, and t	rusts must use Form 7004 to reques	st an exten	sion of time					
to file inco	me tax returns									
Type or	r identificatio	ntification number (EIN) or								
print	Name of exempt organization or other filer, see instru									
	WEST RIVER HABITAT FOR HUM	YTINA	INC.		03-0370697					
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions	Social se	curity number	er (SSN)				
filing your	OUT P.O. BOX 40									
return See instructions	30									
	JACKSONVILLE, VT 05342									
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1				
Application	on	Return	Application			Return				
ls For		Code	Is For			Code				
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07				
Form 990-	BL	02	Form 1041-A			08				
Form 4720) (ındıvıdual)	03	Form 4720			09				
Form 990		04	Form 5227	10						
Form 990	T (sec 401(a) or 408(a) trust)	05	Form 6069			11				
	T (trust other than above)	06	Form 8870			12				
	TERRIE DUMAINE									
• The bo	oks are in the care of ▶ PO BOX 40 - EA	ST DO	VER, VT 05341							
	one No. ► 802-368-2977		FAX No ►							
	rganization does not have an office or place of busines	s in the Ur	· ————			▶ □				
	s for a Group Return, enter the organization's four digit			If this is fo	r the whole a	roup, check this				
box ▶	If it is for part of the group, check this box	7			_	•				
	quest an automatic 3-month (6 months for a corporation									
	FEBRUARY 15, 2014, to file the exemp				The extension	'n				
us fo	or the organization's return for:									
.o.c	calendar year or									
	X tax year beginning JUL 1, 2012	an	nd ending JUN 30, 2013							
	tax your boginning	,								
2 If th	e tax year entered in line 1 is for less than 12 months, o	heck reas	on Initial return	Final retur	'n					
	Change in accounting period	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
	J Change in accounting period									
3a If th	is application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 e	nter the tentative tax, less any		<u> </u>					
	refundable credits. See instructions	0, 0000, 0	The time territario tax, 1000 arry	За	\$	0.				
	is application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	- 34						
	mated tax payments made Include any prior year over			3b	s	0.				
	mated tax payments made include any prior year over ance due. Subtract line 3b from line 3a. Include your pa			30	-					
	•	-		20		0.				
	using EFTPS (Electronic Federal Tax Payment System)			3c	EO for accomm					
	If you are going to make an electronic fund withdrawal			01111 0019		868 (Rev. 1-2013)				

223841 01-21-13